

Name
in
Full

Marie S. Bloomer

CERTIFICATE OF DEATH

Died at Near West ^{Town} Beef ^{County}
 Date of death 1907 ^{Month} 1 ^{Day} 10 ^{Years} 58 ^{Months} Two ^{Days} 0
 Sex Female Color or Race White Birth-place Mina. N. Y.
 Occupation Housewife Where Residing if not at place of death
 Married, Single or Widowed Married Name of ~~Wife~~ or Husband Wm Bloomer
 Father's Name Abiathar Lake Father's Birthplace Syracuse N. Y.
 Mother's Maiden Name Harriet Wilcox Mother's Birthplace New London, Conn.
 Name of person giving information Wm. Bloomer How related to deceased husband

CAUSES OF DEATH

Primary Phosphatic Diabetes ⁽⁵⁰⁾ How long 2 years
 Immediate Serious ^{diabetic} gangrene & exhaustion How long 4 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

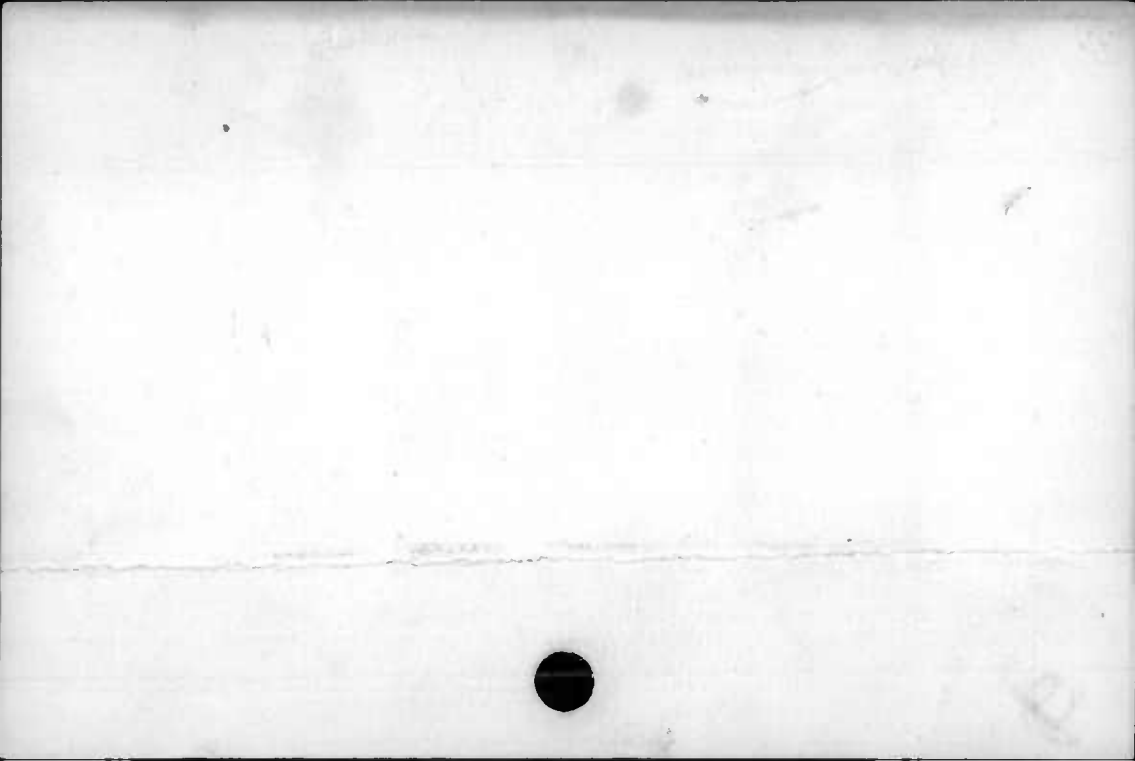
W. C. Harner

Address

Chesapeake City, Md.

Accident or Suicide?

X



Name
in
Full

Sarah E Boulden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elkton</u> ^{Town}		<u>Bees</u> ^{County}		MARYLAND	
Date of death	1907	Month	1	Day	11
Age	4	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Elkton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	H R Boulden			Father's Birthplace	Elkton Md.
Mother's Maiden Name	Ida H. Flemming			Mother's Birthplace	Phila. Penna
Name of person giving information	H R Boulden			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	2 days
Immediate	Pericarditis	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Harvey Mitchell
		Address	Elkton Md.
Accident or Suicide?			

W. Eason

Name
in
Full

Edmund T Brown.

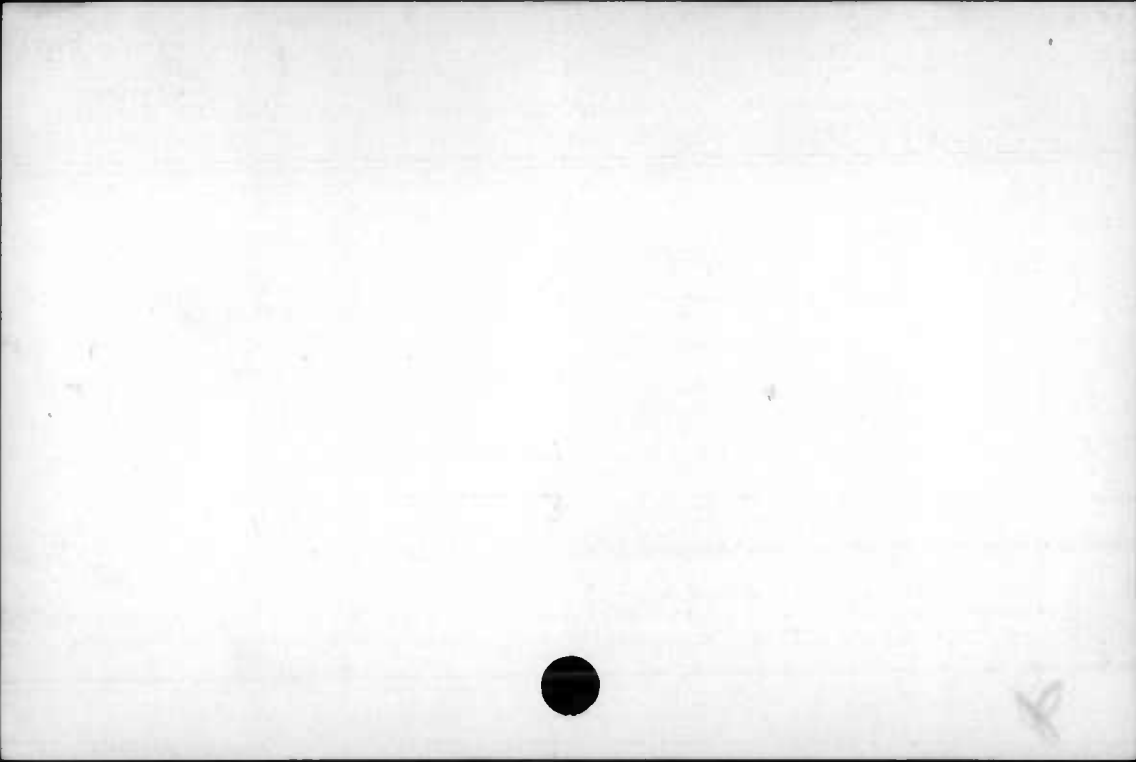
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodlawn</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	1907	Month	1	Day	16
Age	83	Years		Months	5
Sex	Male	Color or Race	White	Birth-place	Cecil Co
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Brown		
Father's Name	Elisha Brown			Father's Birthplace	Cecil Co.
Mother's Maiden Name	Nancy Gay			Mother's Birthplace	Cecil Co.
Name of person giving information	Eddie Brown			How related to deceased	Son

CAUSES OF DEATH

Primary	Fracture of Hip	How long	18 Mos.
Immediate	General Debility	How long	18 Mos.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. G. Fisher	
Address		P. O. Deford, Ind.	
Accident or Suicide?		No	



Name
in
Full

Leroy Crothers Fisher

CERTIFICATE OF DEATH

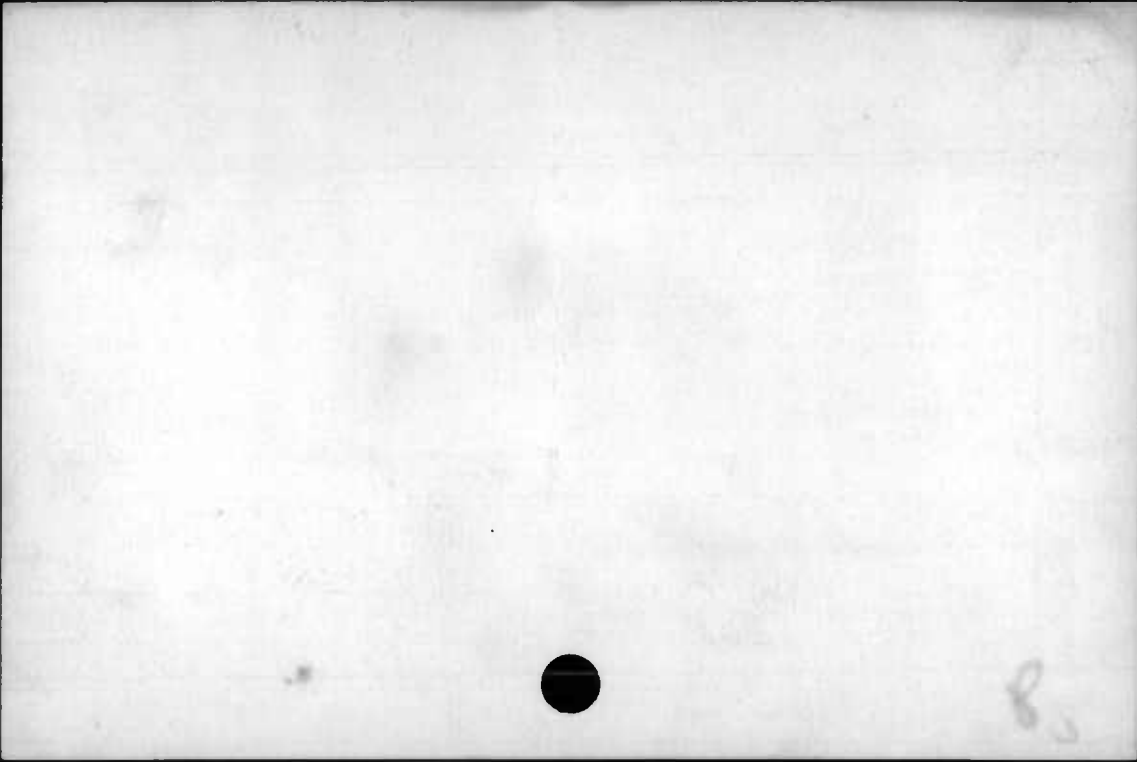
TO BE ANSWERED BY
NEAREST FRIEND

Died <input checked="" type="checkbox"/> near <u>Aiken</u>		Town		County <u>Cecil</u>		MARYLAND	
Date of death <u>1907</u>		Month <u>Jan.</u>		Day <u>4</u>		Age <u>13</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Cecil Co. Md</u>			
Occupation <u>School boy</u>				Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <u>John E. Fisher</u>				Father's Birthplace <u>Prigonia</u>			
Mother's Maiden Name <u>Sarah Jane Fisher</u>				Mother's Birthplace <u>Harford Co. Md</u>			
Name of person giving information <u>John E. Fisher</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gun shot wound in</u>		How long <u>166</u>	
Immediate <u>Back</u>		How long <u>✓</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Ricketts Nelson</u>	
Accident or Suicide? <u>Accident</u>		Address <u>Coroner of Cecil County, Elkton, Maryland</u>	



Name
in
Full

William Gracie

JAN 13 1907

CERTIFICATE OF DEATH

Died at *North Constantine* Town *Cecil* County

Date of death *1907* Month *1* Day *6* Age *90* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

How long

How long

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Ekston

Name
in
Full

Charles C. Graham


CERTIFICATE OF DEATH

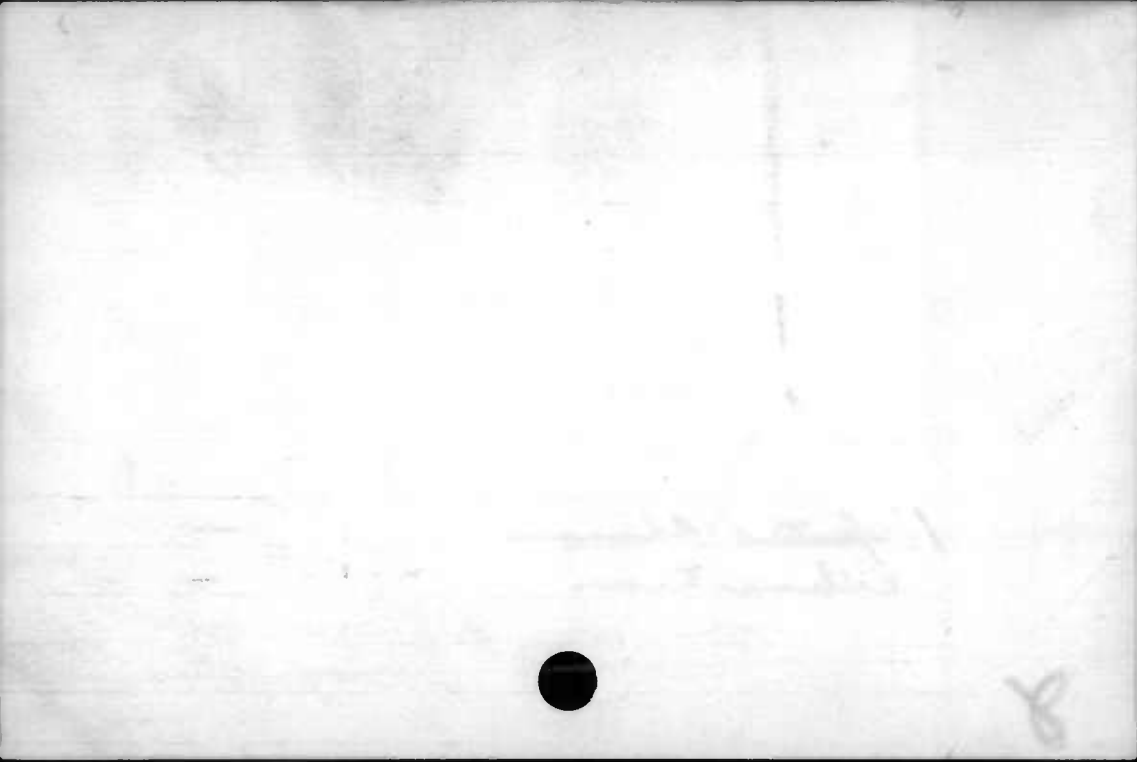
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlestown</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>10</i>	Age <i>80</i> ^{Years}	Months <i>6</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed			Occupation <i>Retired farmer</i>		
Name of Wife or Husband <i>Anne Elizabeth - Dec.</i>					
Father's Name <i>J. B. Graham</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecca Ferris</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mrs. H. Frederick</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Croupous Pneumonia</i>	How long <i>93</i> ^{days}
Immediate <i>-</i>	How long <i>6</i> ^{days}
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Arthur Mitchell M.D.</i>
	Address <i>Elkton, Md.</i>
	Accident or Suicide? <i>-</i>



Name
in
Full

Ellen Hearshorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Back creek creek beries
Town County

MARYLAND

Date of death 1907 1 10 78
Month Day Years

Months

Days

Sex Female Color or Race White Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed widowed Name of Wife or Husband _____Father's Name John Briley Father's Birthplace Ind

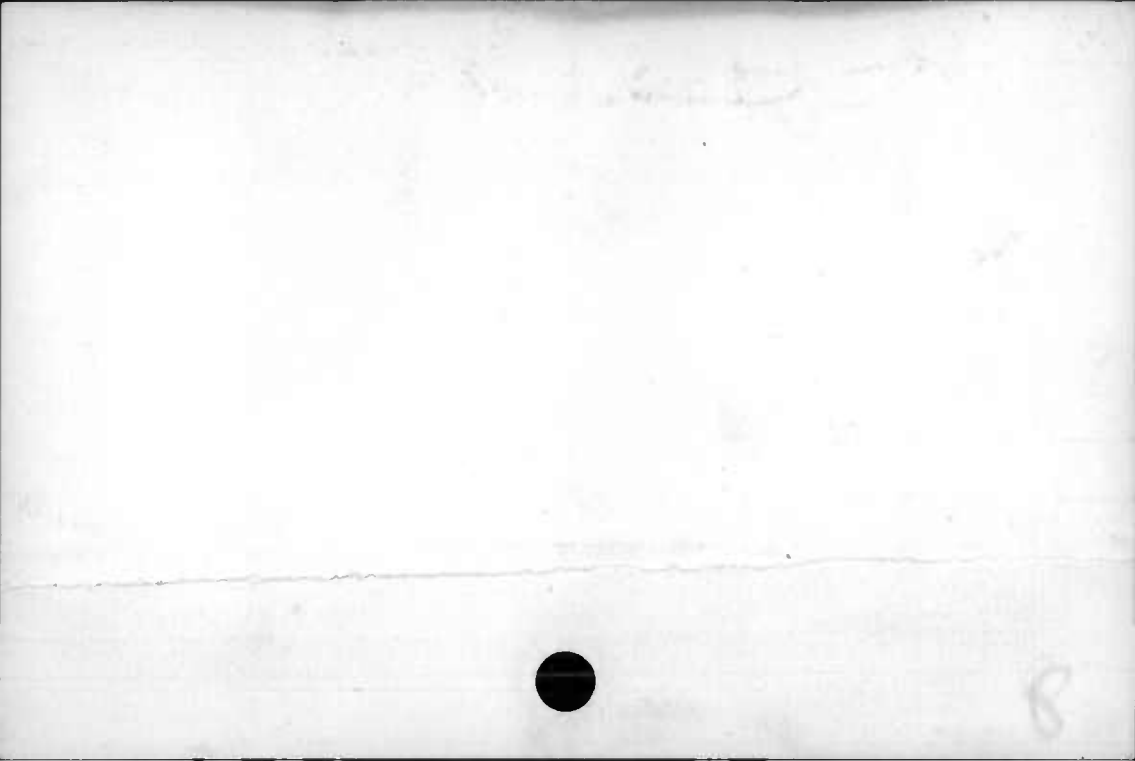
Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Reuben Hearshorn How related to deceased son

CAUSES OF DEATH

Primary Hepatic ataxia 114 How long 1Immediate exhaustion How long _____Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician J. J. Comer, M.D.Address Chesapeake Bay
M.D.

Accident or Suicide?



Name
in
Full

Clyde Edwin Flunfritz -

CERTIFICATE OF DEATH

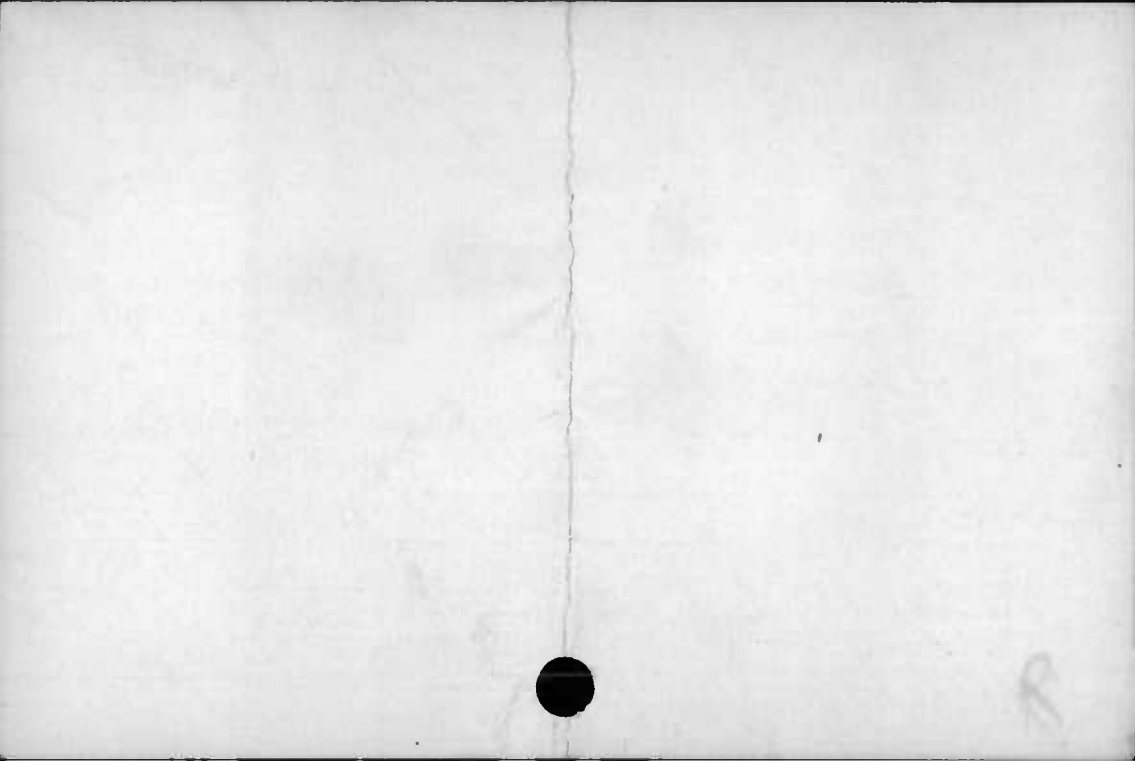
TO BE ANSWERED BY
NEAREST FRIEND

Died at 1250 PM		Town Crownsville Md		County Becil		MARYLAND	
Date of death	1907	Month January	Day 31st	Age 4	Years	Months 7	Days 28
Sex Male	Color or Race White		Birth- place Crownsville Md				
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband Morris. P. Flunfritz.					
Father's Name Morris P. Flunfritz		Father's Birthplace York Pa					
Mother's Maiden Name Phoebe A Bulley		Mother's Birthplace Crack Bottom Pa					
Name of person giving in formation M. P. Flunfritz		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brouchitis	How long	5 days
Immediate	Spasmodic Croup	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo. W. Gillespie	
		Address Pleasant Grove Pa	
Accident or Suicide?			



Name
in
Full

William F. Jackson

CERTIFICATE OF DEATH

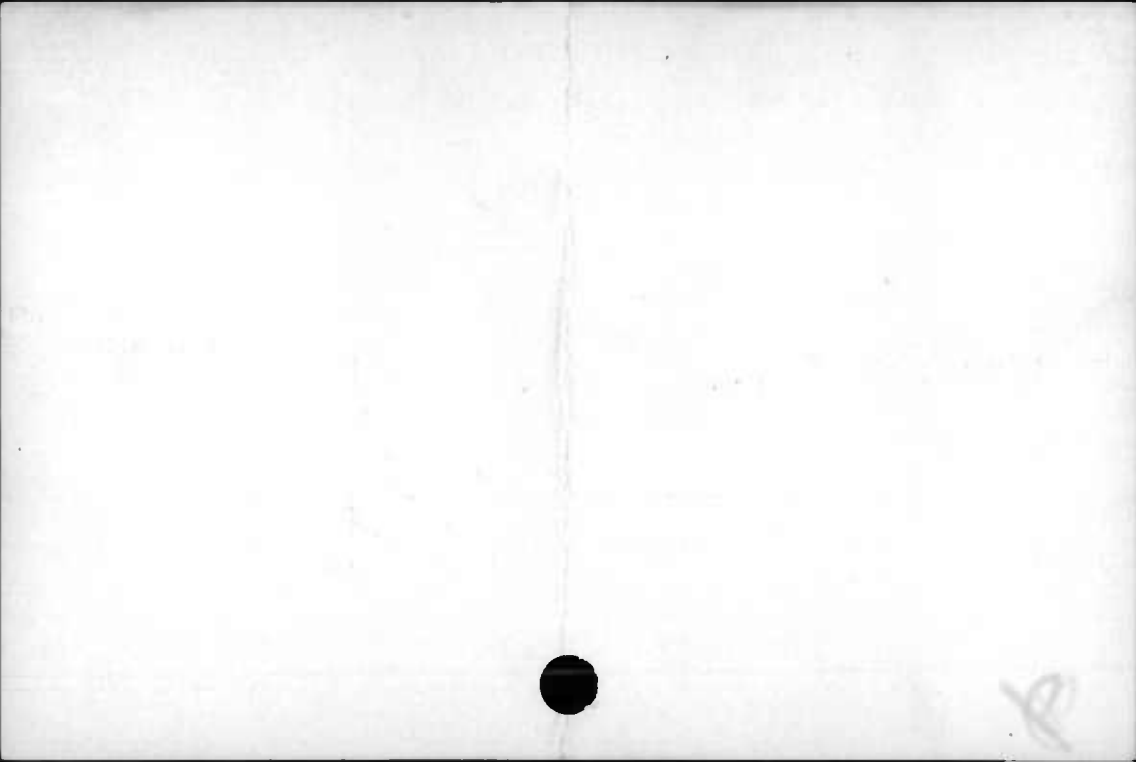
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blythe</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>1</i> ^{Day} <i>6</i>		Age <i>72</i> ^{Years}		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Josephine Jackson</i>			
Father's Name <i>Edward Jackson</i>		Father's Birthplace <i>Cecil Co</i>			
Mother's Maiden Name <i>Mary Colbert</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Josephine Jackson</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>Several months</i>
Immediate <i>Progressive Cardiac Asthenia</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. G. Taylor</i>
	Address <i>Perryville, Md.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

Lafayette H. M. Kerschner

CERTIFICATE OF DEATH

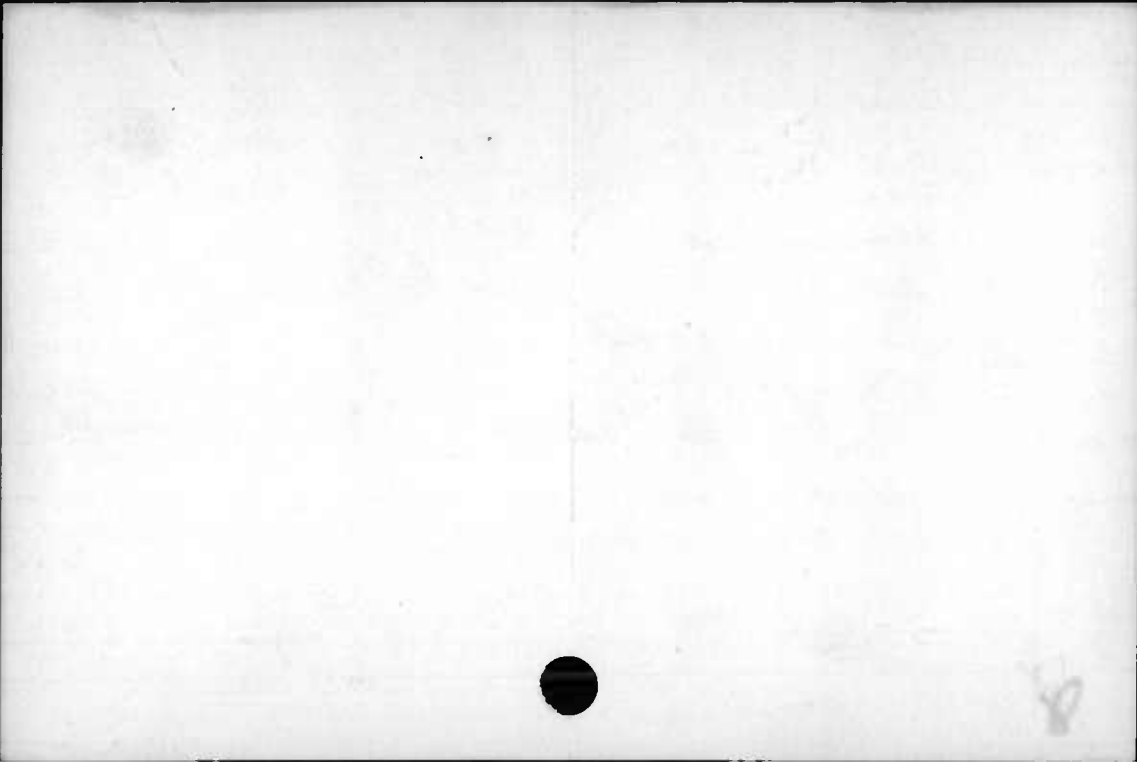
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i>		Town		<i> Cecil</i>		County	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>16</i>		Age <i>6</i> Years	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Penna.</i>		Months <input checked="" type="checkbox"/> Days	
Occupation <i>School boy</i>				Where Residing If not at place of death <i>Muscopuck, Penna</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <input checked="" type="checkbox"/>					
Father's Name <i>John R. R. Kerschner</i>				Father's Birthplace <i>Penna</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>John R. P. Kerschner</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>172</i>	How long
Immediate <i>Drowning</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketto Nelson</i>	
	Address <i>Coroner of Cecil Co. Elkton, Md</i>	
Accident or Suicide? <i>Accident</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Josephine M Fadden*

Died at *Blytheville* Town *Cecil* County

Date of death *1907* Month *01* Day *22* Age *5-3* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Cecil Co*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John M Fadden*

Father's Name *Worthy Self* Father's Birthplace *—*

Mother's Maiden Name *Sarah* Mother's Birthplace *—*

Name of person giving information *John M Fadden* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *(93)* How long *seven days*

Immediate

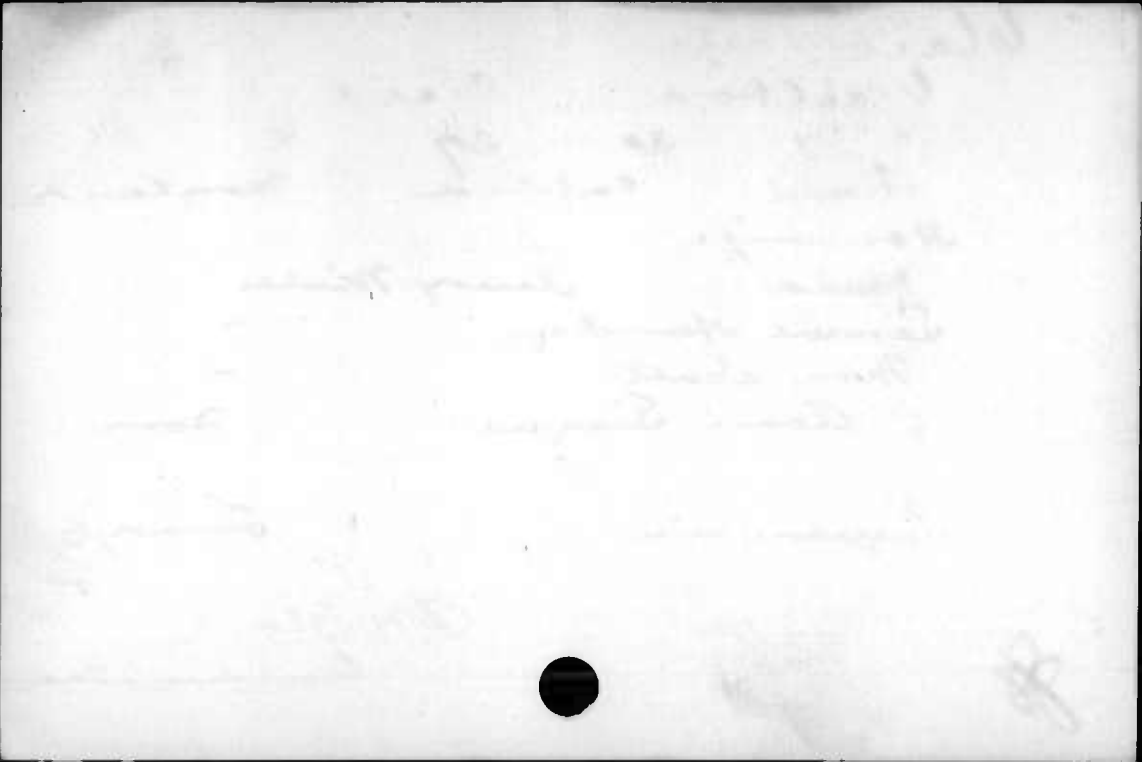
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *A. C. Brown, M.D.*

Address *Port Deposit Md.*

Accident or Suicide?



Name
in
Full

Clara Miles

CERTIFICATE OF DEATH

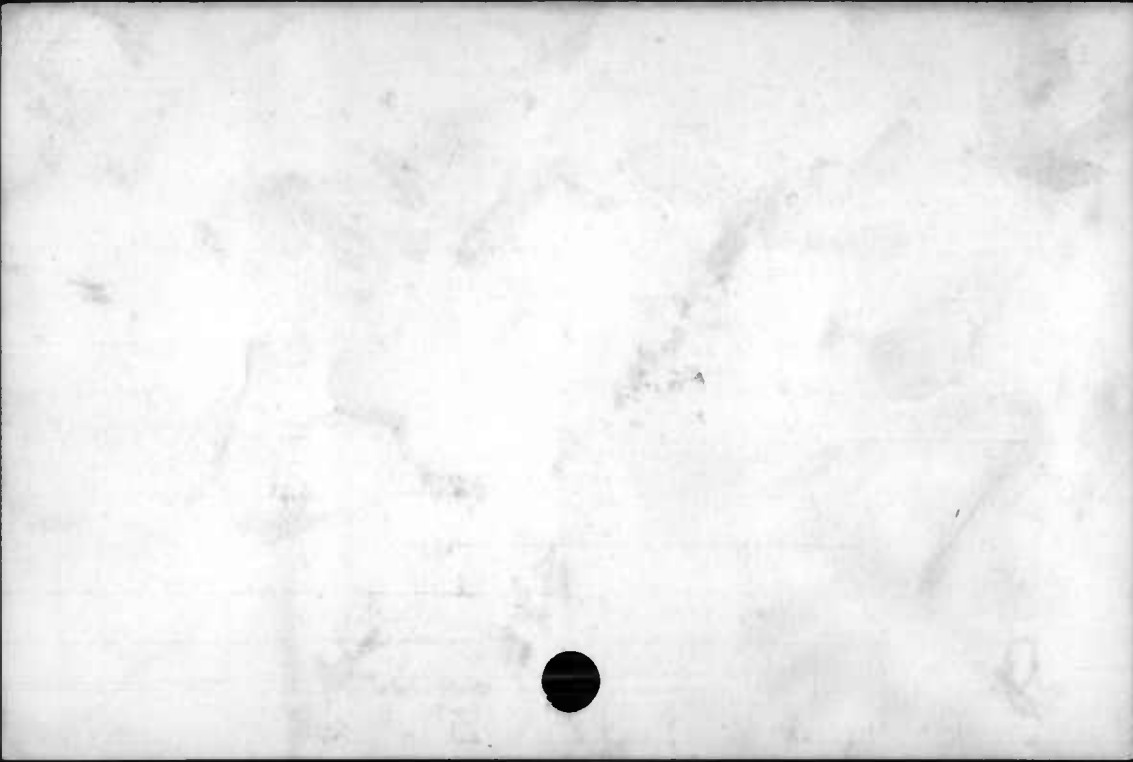
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beaumont</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>1</i>	Day <i>30</i>	Age <i>37</i>	Years <i>5</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harry Miles</i>			
Father's Name <i>Semuel Handy</i>			Father's Birthplace -		
Mother's Maiden Name <i>Mary Scott</i>			Mother's Birthplace -		
Name of person giving information <i>Adron Siscoe</i>			How related to deceased <i>Nom</i>		

CAUSES OF DEATH

Primary <i>Pneumonia</i>	<i>(93)</i>	How long <i>Two days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. M. Block</i>	Address <i>Beaumont, Md</i>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>May Morgan</i>		Town <i>near Fair Hill</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>near Fair Hill</i>		Month <i>Jan</i>		Day <i>23</i>		Years <i>6</i>	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>23</i>		Age <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>near Fair Hill</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>May Estella Morgan</i>				Mother's Birthplace <i>Penn</i>			
Name of person giving in formation <i>May Estella Morgan</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Natural Death</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>8</i>	Signature of Physician <i>Richard Nelson</i>
Accident or Suicide? <i>over</i>	Address <i>Cornel of Cecil Co. Edmon, md</i>

Interment

Cedar Hill

Send permit - to
Mason & Rogers Home

Name
in
Full

William C. Short

CERTIFICATE OF DEATH

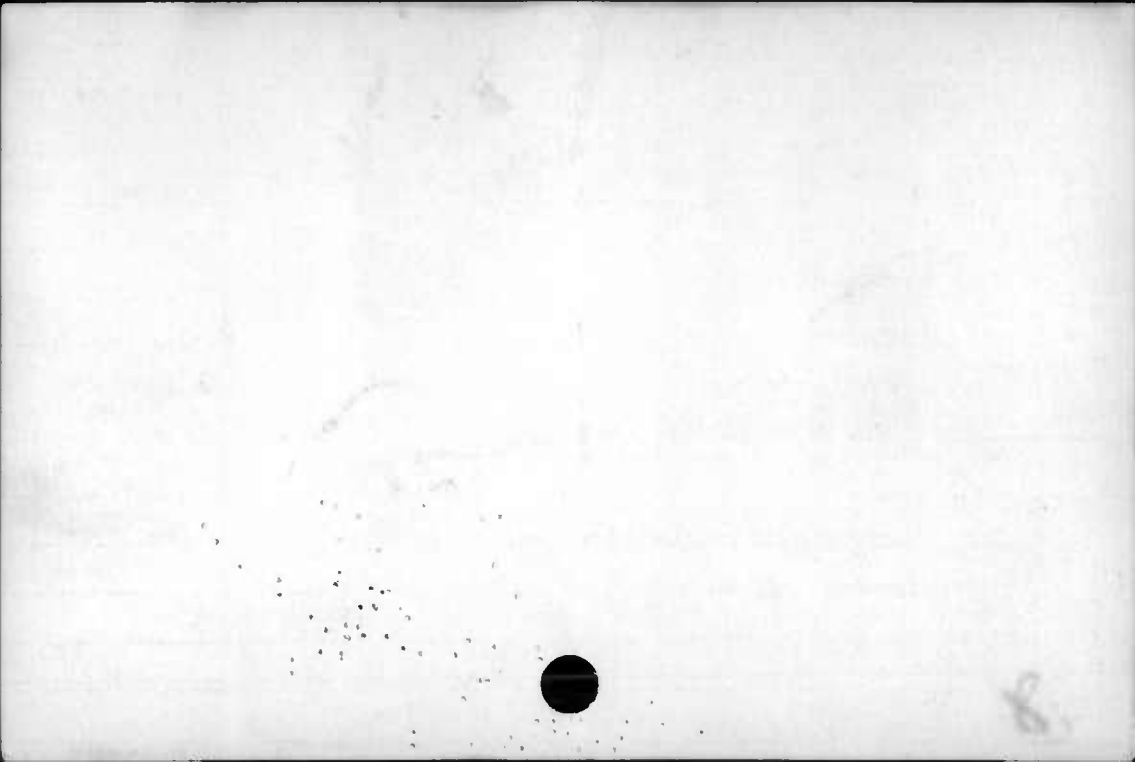
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Cecilton</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	1907	Month	Jan	Day	9	Age	46
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>Farmer</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Annie B. Short</i>					
Father's Name <i>James Hall Short</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Marta Short</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>James Hall Short</i>		How related to deceased <i>son</i>					

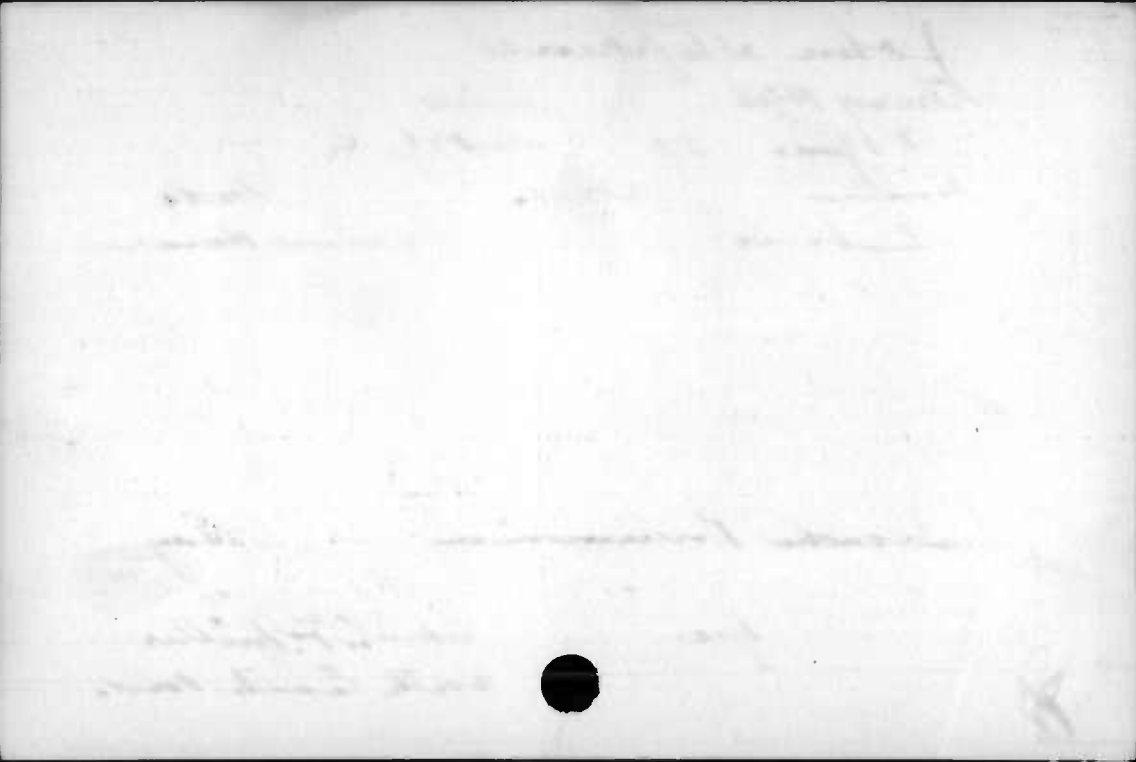
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Falling tree crushed</i>	How long	<i>100</i>
Immediate	<i>in skull</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Rickie's person</i>	
		Address <i>Coroner of Cecil Co. Elkton, Maryland</i>	
Accident or Suicide? <i>Accident</i>			



Name in Full		Sarah Catharine Startt				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Earlville		County Cecil		MARYLAND	
	Date of death	1907	Month Jan	Day 14	Age 15	Months 6	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Benjamin Startt				Father's Birthplace	Maryland
	Mother's Maiden Name	Ida Clark Startt				Mother's Birthplace	Maryland
	Name of person giving information	Ida Clark Startt				How related to deceased	Mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gun shot wound the weapon being in the					How long
	Immediate	hands of George E Harris					How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Ricketta Nelson
	Accident or Suicide?		Accident		Address		Coroner of Cecil Co. Elkton, Md.



Name

in
Full

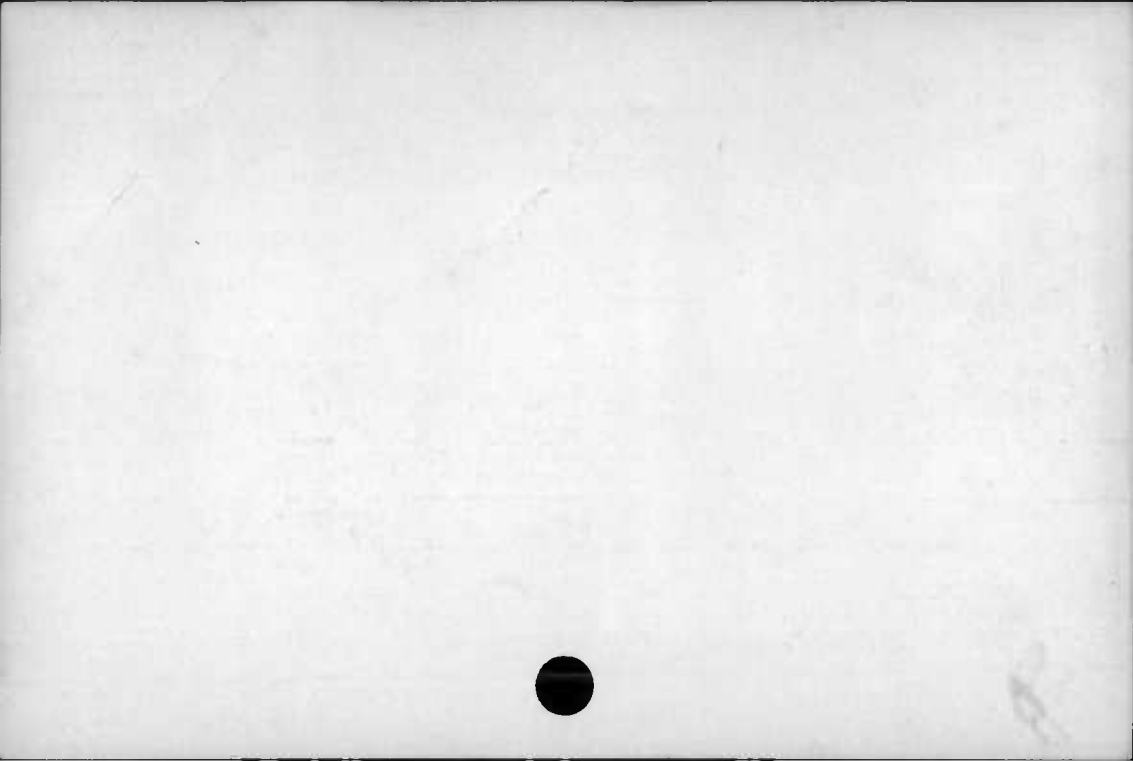
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill.</i>		Town <i>Cherry Hill.</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Date of death <i>1907 Jan.</i>		Month <i>Jan.</i>		Day <i>24</i>		Years <i>Age about 80</i>	
Sex <i>male</i>		Color or Race <i>Color.</i>		Birth-place <i>Md.</i>		Months <i></i>	
Occupation <i>Laborer.</i>		Where Residing if not at place of death <i>Alms House</i>		Years <i></i>		Days <i></i>	
Married, Single or Widowed <i>Widowed.</i>		Name of Wife or Husband <i>Unknown</i>		Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Don't know.</i>		Mother's Birthplace <i>Don't know.</i>		How related to deceased <i>None.</i>		Name of person giving information <i>J. W. Mahoney</i>	

CAUSES OF DEATH

Primary	<i>Broncho-Pneumonia</i>	How long	<i>92</i>
Immediate	<i>"</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Chas. F. Miller</i>	
Accident or Suicide? <i>8</i>		Address <i>North East, Md.</i>	



Name
in
Full

Samuel S Sward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

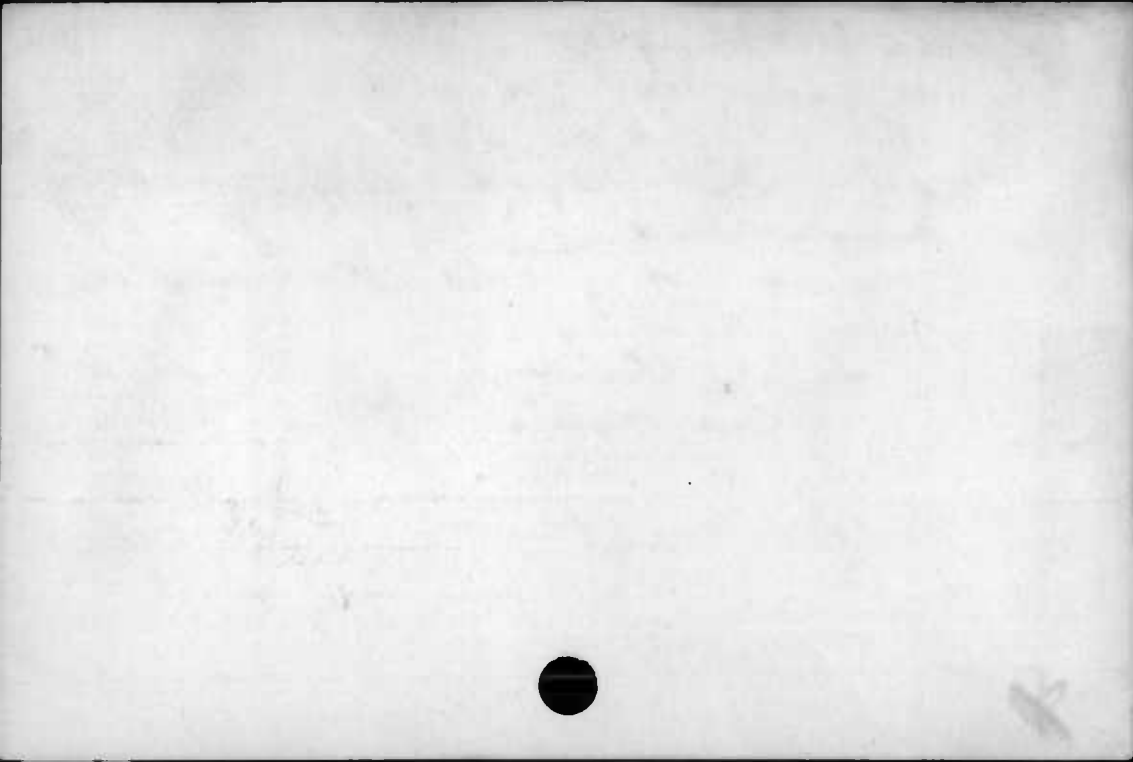
Died at <i>Near Rising Sun</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>1</i>	Day <i>13</i>	Age <i>84</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Penns</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Near Rising Sun</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jonathan Sward</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Martha Boarding</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>Some years</i>
Immediate <i>Dropsical infarct Exhaust</i>	How long <i>Only a few</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H. Jones</i>
	Address <i>Birmingham Ala</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *near Emileville* Town *Cecil* CountyDate of death *1907* Month *1* Day *29* Age *27* Years Months *x* Days *1*Sex *Male* Color or Race *negro* Birth-place *md*Occupation *Farm Hand* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Peta Washington*Father's Name *Walker Washington* Father's Birthplace *Va*Mother's Maiden Name *Annie Piner* Mother's Birthplace *md*Name of person giving information *Robert Morris* How related to deceased *None*

CAUSES OF DEATH

Primary *Tuberculosis of Lungs* How long *27* *3* yearsImmediate *u* *of Bowels* How long *2* *months*

Are the name, age, sex, color, date and place correctly given above?

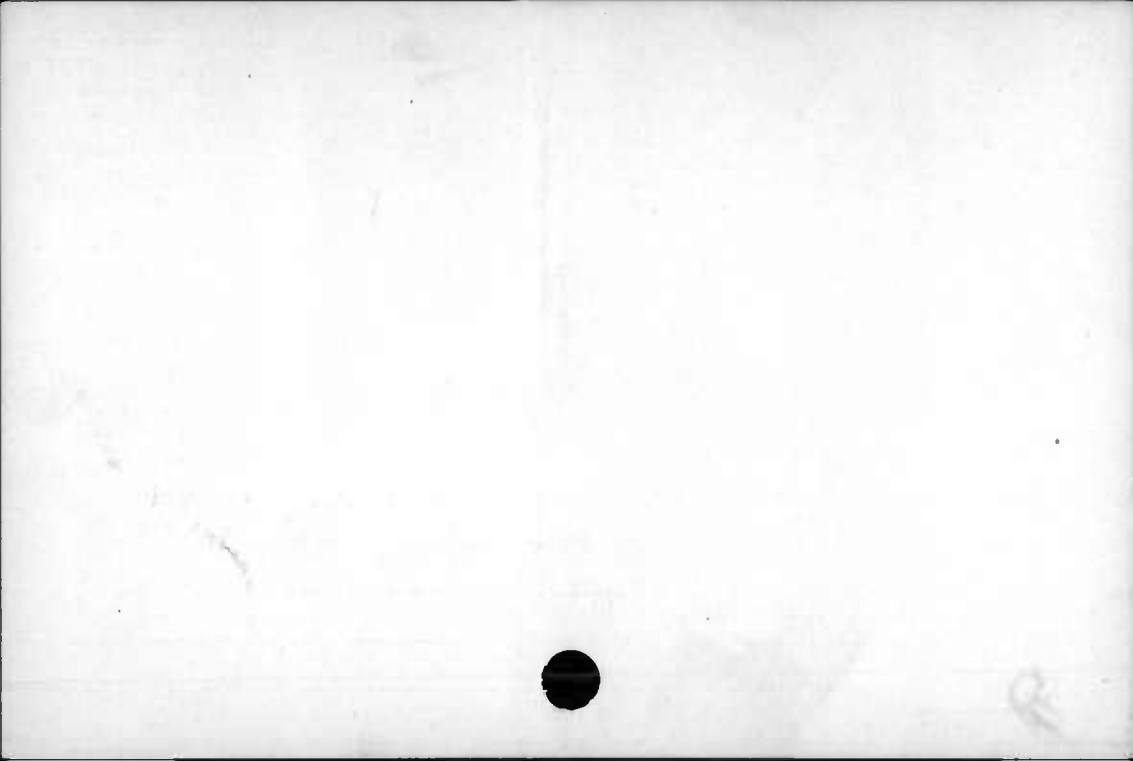
Signature of Physician

Address

E. N. Crawford
Cecilton md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

8th Dec 1907

CERTIFICATE OF DEATH

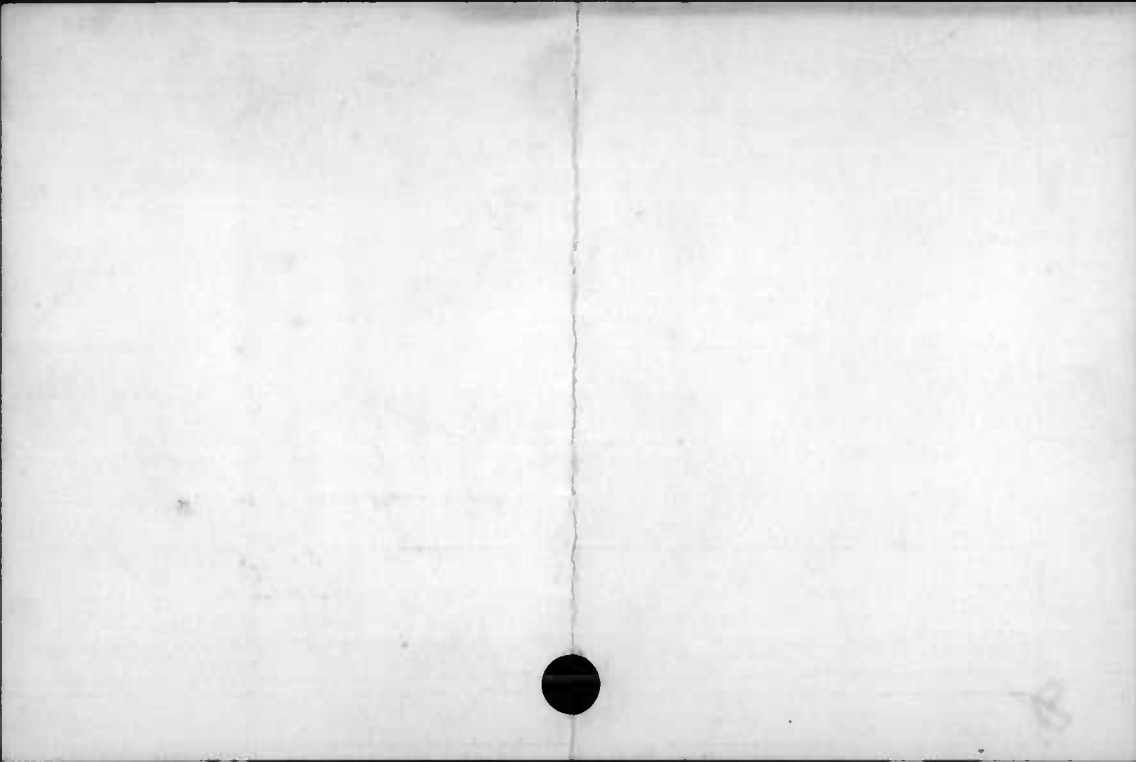
TO BE ANSWERED BY
NEAREST FRIEND


Name <i>Adeline M. Williams</i>		Town <i>near Rock Springs</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>near Rock Springs</i>		Month <i>Jan</i>		Day <i>22</i>		Years <i>1</i>	
Date of death 1907		Age <i>9</i>		Months <i>1</i>		Days <i>9</i>	
Sex <i>girl</i>		Color or Race <i>negro</i>		Birth-place <i>Rock Springs</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i></i>					
Name of Wife or Husband <i></i>							
Father's Name <i>Isaac Williams</i>				Father's Birthplace <i>Chesters Pa</i>			
Mother's Maiden Name <i>Edith L. Peters</i>				Mother's Birthplace <i>Cecil Co Md</i>			
Name of person giving information <i>Father, Isaac Williams</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>15 days</i>
Immediate <i>Bronchitis</i>	How long <i>16 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Gillespie</i>
	Address <i>Pleasant Grove Pa</i>
Accident or Suicide? <i></i>	



Name in Full		William P Woodrow		3 Dist		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Ongersley</u> Town		<u>Deer</u> County		MARYLAND		
	Date of death <u>1907</u> <u>Jan</u> Month		<u>22</u> Day		<u>35</u> Years		Months Days
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
	Occupation <u>Laborer</u>		Where Residing if not at place of death _____				
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Annie T. Woodrow</u>				
	Father's Name <u>Josiah Woodrow</u>		Father's Birthplace <u>Md</u>				
	Mother's Maiden Name <u>Elizabeth J Green</u>		Mother's Birthplace <u>Md</u>				
	Name of person giving information <u>Annie T. Woodrow</u>		How related to deceased <u>wife</u>				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(120)</div>							
PHYSICIAN OR CORONER	Primary <u>Chronic Interstitial Nephritis</u>		How long <u>Don't know</u>				
	Immediate <u>Uremia</u>		How long <u>24 hours</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Winfred Morrison</u>				
			Address 				
<div style="text-align: center;">Accident or Suicide?</div>							

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